

Life Sharing Network

Semi-Annual Report

It is an expectation that contractors in the Life Sharing Network provide update report to BACI every six months and as requested. This should include updates on progress made towards acquiring goals developed in the yearly planning meeting and general overview of the following areas:

- Personal Health and Safety
- Relationship
- Communication
- Community participation
- Home Life
- Day Time Activities

Individual's Name: _____ Date of Birth: _____

Name of Life Sharing Network contractors(s): _____

Home phone no.: _____ Cell No.: _____

Address: _____ Postal code: _____

Reporting period: from: _____ to _____

Next report due: _____ Report prepared by: _____

Date: _____

Individual's typical schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M							
P M							
E V E							

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HEALTH and SAFETY

List all medications that the individual currently takes including PRN.

Medications	Dosage	Uses

Discontinued medications. Please include reason(s) why.

List any relevant appointments that have occurred during this reporting period: includes but not limited to: medical, dental, professional supports, etc.

<u>Nature of Appointment</u>	<u>Date</u>	<u>Purpose</u>

Describe any follow up action required as a result of the above noted appointments:
Please provide an update on the individual's over all health & well being. This includes nutrition, illnesses, mental health, injuries, accidents, critical incidents, etc.

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